

DUTCHESS COUNTY SENIOR CITIZEN OWNER-OCCUPIED PROPERTY REHABILITATION PROGRAM APPLICATION

A. APPLICANT INFORMATION

1. Full Name _____
2. Address _____
(Street) (City/Town) (Zip Code)
3. Home Phone: (_____) _____
4. Name of Employer (If retired, note so): _____

B. PROPERTY INFORMATION

1. Are you a life tenant? Yes _____ No _____

C. HOUSEHOLD COMPOSITION

(List all persons living in the property and their relationship to the head of household.)

Full Name	Relationship	Age	Social Security No.
	Self		

D. MONTHLY INCOME

Source	Applicant	Others	Staff use
Social Security			
Pension			
Wages and Overtime			
Commission/Tips			
Interest/Dividends			
Income from Business/Rental			
Unemployment Benefits			
Worker's Compensation			
Alimony/Child Support			
Welfare Payments			
Other			

E. LIABILITIES

List outstanding debts (auto and personal loans, credit cards...)

Creditor's Name	Unpaid Balance

E. ASSETS

Type	Amount
Checking Account	
Savings Account	
Stocks/Bonds	
Other	

G. HOUSING EXPENSE

Item	Amount	Staff use
Monthly Mortgage Payment		
Annual Homeowner's Insurance		
Annual Property Taxes		
Annual School Taxes		
Monthly Utility Cost (Heat,hotwater,cooking,electric)		
Staff use		

Check the type of fuel by use:

	Natural Gas	Bottle Gas	Electric	Oil	Staff Use
Heating					
Cooking				N/A	
Water Heating					

Circle the number of bedrooms: 1 2 3 4

H. REHABILITATION REQUESTED

List the items you feel need rehabilitation.

I. LEAD BASED PAINT

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. Any household receiving federal funds for rehabilitation must receive the enclosed federally approved pamphlet on lead poisoning prevention.

By signing this application you are acknowledging that you have received the pamphlet “Protect Your Family from Lead in Your Home”.

J. CERTIFICATION

The information provided in this application is true and complete to the best of my knowledge. I consent to the disclosure of such information for purposes of verification related to my application. I understand that any willful misstatement will be grounds for disqualification. I also certify that I have received and read the Program Guidelines and agree to comply with all program requirements.

Applicant

Date

INFORMATION FOR HUD MONITORING PURPOSES

The following information is requested to monitor compliance with fair housing. You are not required to furnish this information. The County may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, the County may note the race and sex on the basis of visual observation or surname.

Race/National Origin:

_____ American Indian or Alaskan Native
_____ Black, Not of Hispanic Origin
_____ Asian or Pacific Islander
_____ Hispanic
_____ White, Not of Hispanic Origin
_____ Other (specify) _____

Sex: _____ Male _____ Female

DO NOT COMPLETE - FOR OFFICE USE ONLY

Household Size: _____
Monthly Household Income: _____
Annual Household Income: _____
Monthly Housing Expenses: _____
Percent of Income on Housing: _____%

Action Taken: _____ Approved
_____ Conditionally Approved
_____ Rejected – Reason _____

Type of Financing: Loan Deferred Payment Loan Combo _____

Reviewer: _____
Title: _____
Date: _____